TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Application Number			09/915,096	
			Filing Date			July 25, 2001	
			First Named In	ventor		Lily C. Li	
			Group Art Unit	t		2157	
			Confirmation N	lumber		5562	
☐ Sent via Express Mail Label No.:			Examiner Nam	Examiner Name		Avi M. Gold	
			Attorney Docke	Attorney Docket Number		302375.02	
ENCLOSURES (check all that apply)							
Fee Transmittal Form Fee Attached			nment Papers n Application)			After Allowance Communication to TC Appeal Communication to Board of	
Amendment / Reply (39 pages)		Drawi	ing(s) (sheets)			Appeals and Interferences	
☐ After Final ☐ Affidavits/declaration(s)		Decla		nges)		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
Extension of Time Request			copy from a prior ap 7 CFR 1.63(d)) (p	oplication ages)		Proprietary Information	
Express Abandonment Request	П	Licen	sing-related Papers			Status Letter	
☐ Information Disclosure Statement with Form PTO/SB/08A (pages)		Petitio				Application Data Sheet	
Response to Notice to File Missing Parts A copy of the Notice to File Missing			n to Convert to a Provisional			Request for Corrected Filing Receipt	
Parts Under 37 CFR 1.52 or 1.5		Application			Return Receipt Postcard		
CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a))			al Power of Attorney CFR 3.73(b) Statem			Other Enclosure(s) (please identify below):	
I hereby certify that this correspondence is being electronically deposited with the USPTO via		Termi	al Disclaimer				
		Reque	est for Refund	for Refund		H	
EFS-Web on the date shown below:		•					
August 23, 2006 Date Signature	Ш		Number of CD(s)				
Noemi Tovar Printed Name Remarks Remarks The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.							
AGIGNATURE OF ATTORNEY OR AGENT							
Signature / Y 7 / Reg. I			. No.	48,303	3		
Name of Attorney or Agent Step			ohen Siu	en Siu			
Date August 23, 2006	Те	l	(425) 707-039	9	Fa	csimile No. (425) 708-5046	
Assignee Name:			MICROSOFT CORPORATION				

ONE MICROSOFT WAY REDMOND, WA 98052

22971

Customer Number: